

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB 3060-0986 OMB 3060-0819 Avg. Burden Estimate per Respondent: 20 Hours
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<010>	Study Area Code	449067
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2013
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille
<035>	Contact Telephone Number: Number of the person identified in data line <030>	610-535-6911
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com

ANNUAL REPORTING FOR ALL CARRIERS			54,313 Completion Required	54,422 Completion Required
			(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	X	
<200>	Outage Reporting (voice)	(complete attached worksheet)	X	X
<210>	<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0	X	
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	X	
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)		X	X
<410>	Fixed			
<420>	Mobile	0		
	Number of Complaints per 1,000 customers (broadband)		X	
<440>	Fixed			
<450>	Mobile	0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	X	X
<510>		(attach descriptive document)	X	X
<600>	Functionality in Emergency Situations	(check to indicate certification)	X	X
<610>		(attach descriptive document)	X	X
<700>	Company Price Offerings (voice)	(complete attached worksheet)		
<710>	Company Price Offerings (broadband)	(complete attached worksheet)		
<800>	Operating Companies and Affiliates	(complete attached worksheet)	X	X
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	X	
<1000>	Voice Services Rate Comparability	(check to indicate certification)		
<1010>		(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	YES	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 April 2014

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<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) No
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?		
<111>		(yes / no) No
<p>If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.</p> <p>Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service</p> <p>Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.</p>		
<112>	Name of Attached Document (.pdf)	
<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
April 2014

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
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<010> Study Area Code 449067

<015>	Study Area Name	Texas 10, LLC
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<020> Program Year	2013
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<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
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<035>	Contact Telephone Number - Number of person identified in data line <030>	610-535-6911
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<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.com
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<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

[illegible]

(800) Operating Companies and Affiliates
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986

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<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@celloneration.com

<810>	Reporting Carrier
<811>	Holding Company
<812>	Operating Company

[illegible]

**(900) Tribal Lands Reporting
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<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

<910>	Tribal Land(s) on which ETC Serves	N/A
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<920>	Tribal Government Engagement Obligation	Name of Attached Document (.pdf)
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If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | | |
|-------|--|----------------------------|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | Select
(Yes, No,
NA) |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | |
| <925> | Compliance with Land Use permitting requirements | |
| <926> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |

Select (Yes, No, NA)

**(1110) No Terrestrial Backhaul Reporting
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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline

Data Collection Form

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans 449067TX1210.pdf
 Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☐

<1222> Details on the number of minutes provided as part of the plan, ☐

<1223> Additional charges for toll calls, and rates for each such plan. ☐

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	April 2014

<010>	Study Area Code	489009
<015>	Study Area Name	MTPCS, LLC
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	610-535-6911
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@callonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MTPCS, LLC	
Signature of Authorized Officer:	 Date: 06/30/2014
Printed name of Authorized Officer: Ana Bataille	
Title or position of Authorized Officer: Tax & Regulatory Mgr.	
Telephone number of Authorized Officer: (610) 535-6911	
Study Area Code of Reporting Carrier: 489009	Filing Due Date for this form: 7/1/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	